

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 23 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L06000015848</b>					
<b>1. Entity Name</b> J A D OF SOUTH FLORIDA L.L.C.					
<b>Principal Place of Business</b> 1050 E 15TH STREET HIALEAH, FL 33010			<b>Mailing Address</b> 1050 E 15TH STREET HIALEAH, FL 33010		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 14200 S.W. 41 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Miramar, FL		<b>4. FEI Number</b> 20-4303868	
Zip		Country		Applied For Not Applicable	
Zip 33027		Country U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PEREZ, JOSE G 1050 E 15TH STREET HIALEAH, FL 33010				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> PEREZ, JOSE G <b>STREET ADDRESS</b> 1050 E 15TH STREET <b>CITY - ST - ZIP</b> HIALEAH, FL 33010	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">700101701437</div> <div style="font-size: 0.8em;">05/07/07--01014--006 **50.00</div>	
<b>TITLE</b> MGR <b>NAME</b> PEREZ, ANADELIA <b>STREET ADDRESS</b> 1050 E 15TH STREET <b>CITY - ST - ZIP</b> HIALEAH, FL 33010	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Amadeo Perez</u>			04-01-07		305-790-7481
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>